

EXHIBIT

8

Jackson County Indiana Strategic Plan

Mission Statement for Jackson County Indiana

Advanced Correctional Healthcare, Inc. will develop a partnership with the Jackson County Sheriff's Office to increase the quality of the correctional healthcare and hold down overall costs. We will do this by developing programs to work with the in-house nursing care, physician services and pharmaceuticals as needed for the highest quality of care for the detainees. Our business plan will provide the lowest overall cost by developing contracts with off-site vendors and suppliers.

Strategic Plan Outline as of December 27, 2005

I. **Staff Program**

- A. Physician Training

II. **Education and Training**

- A. In-service program for the Correctional Officers
- B. Medical Officer training
- C. Colleague development

III. **Cost Containment Program**

- A. Contract with pharmacy
- B. Utilization
- C. Contracts with suppliers
- D. Excessive medication utilization

IV. **Communication**

- A. 24/7 network
- B. Regular meetings
- C. Marketing follow-up

V. Equipment Needs

- A. Medication cart
- B. Durable supplies

VI. Policy and Procedure Changes

- A. Policy Manual
- B. Additional changes in medical operations

I. Staff Programs

A. Physician Training

Discussion

The Responsible Physician (Site Medical Director) is the key to the smooth operation of the healthcare unit. It is important to find a physician who understands correctional medicine and the needs of the detainee population. Because of lack of experience many physicians are afraid of malpractice suits and confrontations with the detainees.

Solution

The Responsible Physician will be Dr. Faisal Ahmed. He is currently Medical Director of Randolph, Switzerland, Dearborn, Ripley, Brown and Delaware counties and available for medical call effective immediately and will contact the facility to set up his routine day that he will come to the facility.

II. Education and Training

A. In-Service Training for Correctional Officers

i. In Regards to Medical Vendors

Discussion

In any new program where the jail has been managing the total healthcare program and making all the decisions, it is important for the Correctional Officers to understand how a managed care program works and how it is to their advantage to work with the caregivers. It must be made very clear that the Correctional Officers should not take the responsibility for medical decisions.

Solution

Karen Stocke and I met with the medical staff on December 27, 2005 at 6:00 p.m. to begin orientation process to begin the orientation process for the Jackson County Jail. All questions were answered and I believe we had a good response.

B. Medical Training

Discussion

All medical team members must be trained in the specific issues related to each new project. The Nurse will remain your employee, but there are always issues that arise as a project gets started.

Solution

Karen Stocke, Nurse Rose and I met with Nurse Missy on December 27, 2005 and reviewed the program. Nurse Rose, as our state nursing manager, will continue to work with Missy and assist your staff in any way she can. Nurse Rose has considerable experience working with our program. During this initial review of the program the medical officers appear to be very positive and willing to work with the program. Nurse Missy will continue the training process for the medical staff and monitor this project.

C. Colleague Development

Discussion

For long term success and project satisfaction, the staff of the jail and healthcare unit must not only work together, but also feel that they are colleagues and friends. As problems develop, as they always do, colleagues and friends will work with each other to resolve the issues without conflict and in a friendlier manner. In addition to on-site jail staff, it is important to develop close working relationships with ancillary healthcare providers and the legal organization.

Solution

Occasional off-site meetings in a more social setting are important to develop a true friendship. Meetings will be setup in the future to develop this relationship.

III. Cost Containment Program

A. Contract with Pharmacy

Discussion

It is important in any jail project to obtain medications at the lowest possible price. As a general rule we obtain these prices through the use of a national pharmacy. However, at this time the county board members have approved Family Drug Pharmacy.

Solution

We will begin the program with your local pharmacy, Family Drug, for this project and the initial stock medications have been received from them. Family Drug, with the assistance of Nurse Missy, will develop special billing for the Department of Corrections detainees. This bill will be forwarded to the sheriff to allow the Jackson County to bill the DOC for payment. We are requesting medication ordering training to be initiated and followed up by both Nurse Missy and ACH staff. Emergency medicines have been catalogued and Correctional Officers will be trained in appropriate access of these medications as needed by Nurse Missy. A new type of Medication Administration Record (MAR) will be used and the Correctional Officers will be trained in appropriate medications dispensing and documentation. This will decrease the time the officers spend on logging medication given and increase the awareness of the medical staff on the compliance of the detainees on taking their medications.

B. Utilization

Discussion

The heart of any cost containment program is utilization. While most companies do a retrospective utilization with denials, we feel this approach causes trouble and is unfair to the vendor or hospital supplying the service. Because of this, we have developed a training program for the doctor and medical officers so cases are sent off-site only if necessary. This approach results in lower costs with no denials and no conflict between the vendors and the jail.

Solution

While the staff is experienced in utilization, we will continue discuss ways to treat disease in a more cost-effective manner. Nurse Missy will monitor cost-containment on site and have been trained in monitoring the use of supplies and medications. Off-site,

Karen Stocke will monitor bills for appropriateness and Sabrina Clark will monitor bills for proper discount. We will discuss any new issues with the medical staff and doctor as they arise. This will be an ongoing process and results will be reported at CQI meetings.

In addition we have identified a number of areas that will have to be addressed by you to reduce the utilization of medical services.

- #1 It is important to be sure there is a system for charging for the medical staff's sick calls continues to be followed. This would include nurse sick calls and the medical officer's sick calls when the nurse is not on-site.
- #2 Written "low bunk" criteria need to be initiated at the time of book-in. A recommended list of appropriate low bunk diagnosis is added as an attachment. We believe this should be posted in the book-in area and anyone who meets these criteria should automatically receive a low bunk or a cot to sleep on. This will reduce unnecessary sick calls to request low bunks from the medical team. See Attachment #1
- #3 Expanded commissary. It is important detainees be able to treat simple illnesses themselves by using medications they have purchased off the commissary. This will increase the cash flow to the commissary fund and decrease the utilization of medical services. We are attaching a list of recommended medications to be added to your commissary and this list has been faxed to the jail matron.
See Attachment #2.
- #4 Special diets – re: diabetic, allergic and pregnancy will be recommended.
- #5 Equipment ordered - will be a peak flow and accucheck active for blood monitoring.
- #6 Disposable supplies have been ordered including on-site pregnancy tests and urine tests.

C. Contracts with Suppliers

Discussion

In order to control cost it is important to arrange for the lowest prices possible. While we do have contracts with some suppliers, medical supplies and pharmaceuticals, we will secure contracts with local hospitals and other providers.

Solution

Contracts with discounts have already been set up for pharmaceuticals and medical supplies. Further access agreements and contracts will be set up with the local hospital, dental, and OB providers. This will also serve as guaranteeing access to healthcare in those areas, which at this time; we do not have firm written agreements. Shelley Nilsson in the Corporate Office will handle this and all access agreements will be forwarded to you at the earliest opportunity.

D. Excessive Medication Utilization

Discussion

A thorough review of present medication, description and type of drugs, was conducted on December 27, 2005. At that time we identified areas of concern in the volume of drugs that are being prescribed up to three (3) times per day. Also the type of drugs, i.e. comfort medicines (including sleeping pills and nerve pills) that have been used and are inappropriate for the facility.

Solution

We have reviewed all medications being used and have started to reduce the number of unnecessary narcotics and other unnecessary agents. This process will continue over the next thirty (30) days until we can get the number reduced to a more appropriate level. While on-site we reviewed and discarded outdated medications and supplies.

IV. Communication

A. 24/7 Network

Discussion

Communication between the officers and the medical staff, both medical officers and doctor, is very important for the proper operation of the project. Because of this, the doctor must be available twenty-four (24) hours a day, seven (7) days a week by telephone and respond quickly, usually in less than ten (10) minutes. The main problem that develops is usually a missed call because the doctor is in a place where the signal will not work.

Solution

We have set up a list of three people to be called if a doctor is not available or does not respond within a reasonable length of time. See Attachment #3.

B. Regular Meetings

Discussion

A formal system of communication with written Minutes and documentation is necessary to give the healthcare unit the structure needed to operate in a professional manner. These meetings are a multidisciplinary method of solving healthcare problems in the jail.

Solution

Karen Stocke or Nurse Rose will set up Continuing Quality Improvement (CQI) meetings on a routine basis.

C. Marketing Follow-up

Discussion

Occasionally there are issues that begin to develop with which the jail staff or management may be uncomfortable, but have not been relayed to the healthcare staff. This sometimes happens because the jail staff does not want to be seen as "complaining". However, these issues must be dealt with in a positive way.

Solution

The Marketing Department will set up a telephone interview with the jail management between 30-60 days of the initiation of the contract to determine if any issues are outstanding.

V. Equipment Needs

Discussion

After reviewing the present medical facilities with the jail, it is clear there is a number of needs when fulfilled will allow us to do more on-site and to reduce the number of off-site transfers.

Solution

At this time medical supplies needed are minimal and after discussion with you, Karen Stocke has ordered an accucheck active and a peak flow meter, as well as needed disposable supplies as per discussion with Nurse Missy.

IV. Policy & Procedure Changes

A. Policy & Procedure

Discussion

In order to fully protect the Sheriff and the county governmental agencies from inappropriate lawsuits, a good system of policies and procedures is necessary.

Solution

Generic policies and procedures based on the NCCHC (National Commission of Correctional Health Care) have been provided to you. You and your team can read these in detail and make appropriate changes so the policies and procedures are matched exactly to the operation of the facility. We will then correct them as needed. The Sheriff, the health care authority and a responsible physician will then sign the policies. The dental policy will need to be signed by our dentist of choice, so in the end, all of your medical policies have been reviewed by appropriate professionals and approved. After this is done all of the Correctional Officers will need to be in-serviced in the exact medical policies and procedures, as you have outlined. When any changes to the policies and procedures are made, you need to retain the old policies for your records.

B. Additional Site Policies

Discussion

There is a need for a clear discharge plan to reduce the lawsuit risk to the Sheriff when a patient be released and has no access to medications for a few days.

Solution

A discharge document has been developed. See attachment #4. We recommend this be handed out to every detainee at release from the jail. This will give directions to the

closest medical facility and where the detainee can obtain medications or health care if needed.

Following are a series of action items with time frames and the people who are assigned for their completion.

ACTION ITEMS	TIMELINE	RESPONSIBLE PARTY
1. The policies and procedures need to be reviewed by the Sheriff and medical officer	Four Months	Sheriff Jerry Hounshel ; Nurse Missy and Commander Lt. Mark Lahrman
2. The protocol manual will need to be copied and placed in the Correctional Officer's workstations. They can use it as a guide as medical issues come up during the day.	One Day	Jail Commander Lt. Mark Lahrman
3. A list of "low bunk" criteria will need to be developed and placed in booking so that appropriate housing assignments can be made.	One Day	Jail Commander Lt. Mark Lahrman
4. After approval by the Sheriff and Jail Commander. The jail dietary policy needs to be communicated to dietary.	Two Weeks	Sheriff Jerry Hounshel and Jail Commander Lt. Mark Lahrman
5. Karen Stocke will do an evaluation of the medical staff and initial peer review within 3 months of the start-up date.	Within 3 Months	Karen Stocke; Regional Supervisor Nurse Rose
6. Durable equipment must be purchased for the medical department.	Now	Karen Stocke and Jail Commander Lt. Mark Lahrman

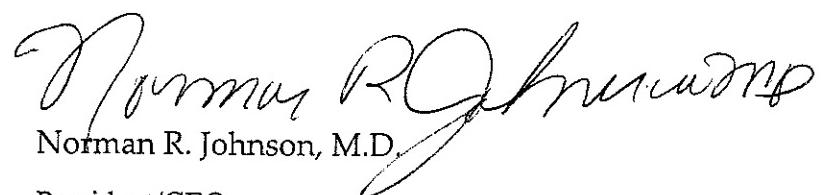
7. Sports equipment, such as balls, should be removed to prevent ankle and leg injuries	One Day	Sheriff Jerry Hounshel and Jail Commander Lt. Mark Lahrman
8. Commissary increased.	As soon as possible	Matron Linda H.
9. After the Sheriff signs the policies and procedures the Correctional Officers must be in-serviced on the policies and procedures.	4 Months	Sheriff Jerry Hounshel and Commander Lt. Mark Lahrman
10. In-service on medication administration for the Correctional Officers.	As soon as possible	Nurse Missy
11. Medication set up fee to be instituted instead of co-pay of prescriptions.	Now	Jail Commander Lt. Mark Lahrman
12. Accu-check training for the Correctional Officers.	4 Months	Nurse Missy
13. Initiation of Chronic Clinic.	4 Months	Nurse Missy
14. Pharmacy to be used – Family Drug	Now	Karen Stocke
15. Stock medications on site for emergencies	Now	Karen Stocke
16. Discharge Plan to be given at time of release to 100 % of detainees released	Upon approval of Sheriff	Sheriff Jerry Hounshel and Commander Lt. Mark Lahrman
17. Discussed 2 mattresses – this is a housing issue	Now	Nurse Missy
18. Trusty policy – no detainees are to work as a trusty due to risk management	Upon approval of Sheriff	Sheriff Jerry Hounshel and Commander Lt. Mark Lahrman
19. Family Drug to develop a separate billing	Now	Nurse Missy and Nurse

process for the department of Corrections		Rose
20. BAC of 0.25 be instituted	Upon approval of the Sheriff	Sheriff Jerry Hounshel and Commander Lt. Mark Lahrman

The above Action Items will be reviewed at our CQI to be scheduled by Nurse Karen Stocke in four months.

We appreciate the opportunity to assist you in this very interesting project.

Respectfully submitted,


Norman R. Johnson, M.D.
President/CEO